

WASTED VACCINE REPORT IDAHO IMMUNIZATION PROGRAM (IIP)

(Use this form for reporting wasted vaccine)

REMEMBER: If your refrigerator or freezer temperatures are not at the required storage temperatures, notify your State Immunization Program immediately. Do not use or discard your vaccine until you have talked to the vaccine manufacturer, or your State Immunization Program specialist. Depending on the temperature and the length of time involved, it is possible that some of the vaccines are still viable.

PROVIDER	INFORMATION	N:				
Facility Name:				Date:		
Address:						
City:			State:			
Contact Name:		Telephone:				
Standard Stor	age Requiremen	nts:				
Refrigerator: 2	$2^{\circ} - 8^{\circ}C (35^{\circ} - 46^{\circ})$	6°F)				
•	(7°F) or cooler (0		20°C (-5°F)	for Varicella		
DI	(000) 554 000	2 F	(200) 224	4014 F.M.		
					il: idahovfc@idhw	
Reason why va	ccine was consid	ered wast	ed:			
						
Any corrective	measures taken:					
Signature:						
Please return al	l wasted and outo	lated vacc	cines to the	State of Idaho	Immunization Prog	ram for proper
disposal along	with this complet					
					cines returned to I	
Vaccine Type	Manufacturer	NDC#	# Doses	Expiration Date	Reason (Town/Ermined)	Full/Partial Vials
				Date	(Temp/Expired)	
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